

Current Employment (If Applicable)

Current Employer _____ Start Date _____

Address of Current Employer _____
City St Zip

Previous Employer _____ From _____ To _____

Health Information

Physician's Name _____ Phone # _____

Address _____

Health Limitations _____

Allergic to: _____

I hereby certify that the above is true and complete to the best of my knowledge.

I agree to submit to examinations which may include appropriate immunizations, chest x-rays and/or laboratory tests which may be necessary as part of my volunteer services. I authorize the person(s) making tests or x-ray films to report the results to the hospital. I realize this information is confidential and may be used to determine my eligibility to volunteer.

Signature (Required) _____ Date _____

Believing that INTEGRIS Health has need of my services as a volunteer worker, I agree to:

Hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek confidential information in regard to a patient.

My services are donated to INTEGRIS Health without contemplation of compensation or future employment and are given with humanitarian or charitable reasons.

Signature (Required) _____ Date _____

*Addendum
Volunteer Application Form*

Miscellaneous:

1. Have you been discharged or asked to resign within the last five (5) years from any service?
_____ No _____ Yes If yes why? _____
2. Have you been convicted of or plead guilty to a felony in the last 7 years or are you currently charged with the commission of a felony? _____ No _____ Yes.
If yes, please describe. _____
3. Do you hold a current and valid Oklahoma driver's or commercial chauffeur's driver's license? _____ No
_____ Yes. If yes, give type, expiration date and number: _____
4. Has your license been revoked or suspended in the last 5 years? _____ No _____ Yes.
If yes give year and reason: _____

